



## ***The League of Dreams Softball League***

Special Olympics Maryland and the Therapeutic Recreation Division will sponsor a softball league for adults with developmental disabilities this fall in Patterson Park. The program is supported by the League of Dreams Inc. and will provide **adult day centers** with the opportunity to form teams and participate in Thursday morning games in the park. It will be a **blast!** Adult day programs entering teams must agree to be at the ballfields at Patterson Park (fields 7 & 8 near Eastern Ave. and the ice rink "bubble") by 10:30 a.m. each Thursday. Centers are limited to 15 players per team. Skills will be taught from 10:30-11 a.m. Games will begin shortly after the skills clinic. Instruction will be provided by Recreation and Parks staff, Special Olympics Maryland and the volunteers from the League of Dreams Inc.

**When:** Thursday mornings, Sept. 5 – Oct. 10

**Time:** 10:30 a.m. to Noon

**Where:** Patterson Park, fields 7 & 8 on Eastern Ave. 21224

**Program Contact for Information:**

Bob Signor at 410-396-1550 or via e-mail at [robert.signor@baltimorecity.gov](mailto:robert.signor@baltimorecity.gov)

Sam Hodapp at 703-994-3227 or via e-mail at [shodapp@somd.org](mailto:shodapp@somd.org)

### **Registration Form**

**Name of Day Program**

**Contact Person**

**Telephone # of Contact**

**Email of Contact**

Name of Participant: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Address including Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Do you have any allergies (food, medication, other) that would be a potential problem during this activity? Yes or No  
(Please circle) If "Yes" please  
describe \_\_\_\_\_

Does participant require any on-site accommodation? Yes or No (Please Circle)

If "Yes" please list \_\_\_\_\_

**Shirt Size   Medium   Large   X-Large   XX-Large   XXX-Large   XXXX-Large (Circle)**

### **Liability and Release Form**

*I hereby waive all claims against the Baltimore City Recreation and Parks, the League of Dreams, Special Olympics Maryland, sponsors, personnel, volunteers or instructors of any injury that I may suffer from my participation in this program. I attest that I am reasonably fit and prepared for this program. I grant full permission to the organizers to use photographs and appropriate quotations from me in legitimate accounts and promotions of this program.*

Signature of adult athlete \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian (If player is under 18 years old this is required)  
\_\_\_\_\_ Date \_\_\_\_\_